



SEC 1972 (6/99) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours peresponse... 1.00

MAR 2 5 2003

SEC USE ONLY
Prefix Serial

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

PROCESSED MAR 2 7 2003 THOMSON FINANCIAL

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

AMC Delancey Investors I, L.P. - Offering of 10.4 Limited Partnership Units

Type of Filing: [X] New Filing												

Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.) AMC Delancey Investors I, L.P.

Amo Delancey investors i, E.i.

Address of Executive Offices (Number and Street, City, State, Zip Code)
718 Arch Street, Suite 400N, Philadelphia, PA 19106

Telephone Number (Including Area Code) (215) 627-6500

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)(if different from Executive Offices)

N/A

NOGH

Brief Description of Busi	ness				
		vesting in two newly for	med partnerships which	will be acquiring	real property or interests
Type of Business Organ	ization				
[] corporation		nership, already formed	[] other (please spe	ecify):	
business trust		ership, to be formed	[] other (picase spe	.oy,.	
1 1545111000 1,401			Month Year		
Actual or Estimated Date	of Incorporation	or Organization	[0]3] [0]3]	[X]Actua	l [] Estimated
Jurisdiction of Incorpora					[]
ourisal culture in the corpora			foreign jurisdiction)		
GENERAL INSTRUCTIONS		or canada, i it ioi cine	Toreign jurisdiction/		
Federal:					
	naking an offering o	f securities in reliance on a	n exemption under Regulat	ion D or Section 4(6	s), 17 CFR 230.501 et seg. or
15 U.S.C. 77d(6).	•			·	•
When to File: A notice must	be filed no later tha	n 15 days after the first sal	e of securities in the offerin	g. A notice is deem	ed filed with the U.S.
Securities and Exchange Co					
address after the date on wi	hich it is due, on the	date it was mailed by Unite	ed States registered or certi	fied mail to that add	iress.
Where to File: U.S. Securities					
Copies Required: Five (5) comust be photocopies of ma				ially signed. Any co	pies not manually signed
Information Required: A nev				ort the name of the	issuer and offering any
					in Parts A and B. Part E and
the Appendix need not be fi		art o, arra arry material ona	inges iron the information p	storiodoly outpilled	mrano rana bi rance ana
Filing Fee: There is no feder					
State:	•				
This notice shall be used to	indicate reliance on	the Uniform Limited Offeri	ng Exemption (ULOE) for sa	ales of securities in	those states that have
adopted ULOE and that have					
					emption, a fee in the proper
amount shall accompany th			riate states in accordance w	ith state law. The A	ppendix in the notice
constitutes a part of this no	tice and must be cor		NTION	 	
Failure to file notice in the ann	ronriate states will no			ure to file the annron	riate federal notice will not resul
in a loss of an available state collection of information conta	exemption unless suc	h exemption is predicated on	the filing of a federal notice. I	Potential persons wh	o are to respond to the
		A. BASIC IDEN	TIFICATION DATA		
2. Enter the information r	oquested for the f	ollowing:			
			zed within the past five y	oars:	
			e, or direct the vote or dis		or more of a close of
equity securities of the is		ower to vote or dispose	e, or affect the vote of an	sposition of, 10%	of filore of a class of
		r of corporate issuers of	nd of corporate general a	ad managing na	tnore of neutropolis
	officer and director	or corporate issuers ar	id of corporate general a	ind managing par	thers of partnership
issuers; and	-1				
Each general and	a managing partine	er of partnership issuers	·-		
Charle Bay(as) that Annie	I VI Dramatar	[] Banafiaial Owner	[] Francisco Office	f 1 Divertor	[V]C
Check Box(es) that Apply	/: [X] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[X] General and/or
F. II N	A 16 to allocationally				Managing Partner
Full Name (Last name firs					
AMC Delancey Investors,	LLC				
Duningan an Basidanaa A	-lalan and (Albamaha y a	nd Street City State 7	- Od-\		
Business or Residence A	•	•	p Code)		
718 Arch Street, Suite 400	on, Philadelphia, F	'A 19106			
Check Box(es) that Apply	r: [X] Promoter	[] Beneficial Owner	[X] Executive Officer*	[] Director	[] General and/or
- II SI		<u>*of the General I</u>	Partner of the Issuer		Managing Partner
full Name (Last name firs	st, if individual)				
Balin, Kenneth P.					
	11 /11				
Business or Residence A			p Code)		
718 Arch Street, Suite 400	ow, Philadelphia, P	W IRING			
· · · · · · · · · · · · · · · · · · ·	······································				

		·		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numbe	r and Street, City, State,	Zip Code)		
		•		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	r and Street, City, State,	Zip Code)		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or
Full Name (Last name first, if individual)		-	**************************************	Managing Partner
Baristan Adda Albara	and Chroat City State	71- 0- 1-)	4	
Business or Residence Address (Number	r and Street, City, State,	Zip Code)		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply: [] Promoter	I 1 Panaficial Owner	[] Executive Officer	[] Director	[] General and/or
		- I Texecutive Officer	[] Director	Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or
Full Name (Last name first, if individual)				Managing Partner
Business or Residence Address (Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State	Zin Code)		
Submices of Residence Address (Mumber	una onoch ony, onde, i	p Joue,		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

						B. INFO	RMATIO	ABOU"	OFFER	ING					
1. Has	the issu	er sold,	or does t	he issue	r intend	to sell, to	o non-ac	credited	investor	s in this	offering	?	Yes	No	
				•	Answer	also in A	nnendix	Column 2	if filing :	under ULO	n =		[]	[X]	
2. Wha	t is the r	ninimum	ninvestm	ent that									\$500,0	00	
													Yes	No	
			•										[X]		
														commission	
														to be listed of the broke	
														the inform	
		or deale		0110 10 0	C HOLOG, C	0 4350	Jiaica po	130113 01	Juon a i	DIONCI OI	acaici,	you may	301 10111	1 1110 11110111	iatioi
			irst, if inc	dividual)					<u>. </u>						
N/A															
Rusino	es or Bo	cidonco	Addross	· (Numbe	er and St	root City	/ State 3	Zin Codo	·					··	
busine	:55 OF KE	sidence	Address	(Mullipe	er and St	reet, City	, State, 2	ip Code)						
			·					_					·· ·		
Name (of Assoc	iated Br	oker or D	ealer											
States	in Whic	Person	Listed F	las Solic	ited or Ir	itends to	Solicit F	urchase	rs						
					States)					[] Al	II States				
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
			Address	-	er and St	reet, City	r, State, Z	ip Code)						
Name (o Assido	ialeu Di	OKEI OI D	ealei											
States	in Which	Person	Listed H	las Solic	ited or In	tends to	Solicit F	urchase	rs						
			heck ind								l States				
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS]	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]			
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			rst, if ind												
				41 :			<u> </u>								
Busine	ss or Re	sidence	Address	(Numbe	r and Str	eet, City	, State, Z	ip Code	1						
	_														
Name o	of Assoc	iated Bro	oker or D	ealer											
States	in Which	Person	Listed H	as Solic	ited or In	tends to	Solicit P	urchase							
(Check	"All Sta		heck ind	ividual S	states)			•••••		[] Al	l States				
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]	[IN]	[AI] [NV]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO] [PA]			
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PR]			
F1	[]	[1	[]	r 1	r1	11	[]	[.,4]	[.,.]	[]	r1	11			

 Enter the aggregate offering price of securities included in this offe 	RS, EXPENSES AND USE OF	
"none" or "zero." If the transaction is an exchange offering, check this		
securities offered for exchange and already exchanged.	box I and indicate in the co	dumins below the amounts of the
·		
Type of Security	Aggregate	Amount Already
	Offering Price	Sold
Debt	\$0	\$0 \$0
Equity	\$0	\$0
[] Common [] Preferred Convertible Securities (including warrants)	* 0	* 0
Partnership Interests	\$0_ \$5,200,000_	\$ 5,200,000
Other (Specify).	\$5,200,000 <u></u> \$0	\$0
Total	\$ 5,200,000	\$ 5,200,000
Answer also in Appendix, Column 3, if filing under ULOE.	Ψ0,200,000	40,200,000
Enter the number of accredited and non-accredited investors who had amounts of their purchases. For offerings under Rule 504, indicate aggregate dollar amount of their purchases on the total lines. Entertail	ate the number of persons w	ho have purchased securities and 'zero."
		Aggregate
	Niverban Investors	Dollar Amount
	Number Investors	of Purchases
Accredited Investors	0	\$ 5,200,000
Non-accredited Investors	o N/A	\$5,200,000 \$N/A
Total (for filings under Rule 504 only)	N/A	\$N/A
Answer also in Appendix, Column 4, if filing under ULOE.		4
Answer also in Appendix, Column 4, it ming under ococ.		
isted in Part C-Question 1.		
N/A		
N/A ·		Dollar Amount
Type of offering	Type of Security	Dollar Amount Sold
Type of offering Rule 505	Type of Security	
Type of offering Rule 505 Regulation A	Type of Security	
Type of offering Rule 505 Regulation A Rule 504	Type of Security	
Type of offering Rule 505 Regulation A	Type of Security	
Rule 505 Regulation A Rule 504	oce and distribution of the se formation may be given as so the box to the left of the est	Sold \$ \$ \$ curities in this offering. Exclude ubject to future contingencies. If the imate.
Type of offering Rule 505 Regulation A Rule 504 Total Total I. a. Furnish a statement of all expenses in connection with the issuar amounts relating solely to organization expenses of the issuer. The information and expenditure is not known, furnish an estimate and check the content of an expenditure is not known, furnish an estimate and check the content of an expenditure is not known, furnish an estimate and check the content of the c	formation may be given as so the box to the left of the est of by the entities in which the	Sold \$ \$ \$ curities in this offering. Exclude ubject to future contingencies. If the imate.
Type of offering Rule 505 Regulation A Rule 504 Total Total I. a. Furnish a statement of all expenses in connection with the issuar amounts relating solely to organization expenses of the issuer. The infamount of an expenditure is not known, furnish an estimate and check Costs of offering of the types listed below will be paid. Transfer Agent's Fees	formation may be given as set the box to the left of the est of by the entities in which the	Sold \$ \$ \$ curities in this offering. Exclude ubject to future contingencies. If the imate.
Type of offering Rule 505 Regulation A Rule 504 Total Total I. a. Furnish a statement of all expenses in connection with the issuar amounts relating solely to organization expenses of the issuer. The information and expenditure is not known, furnish an estimate and check Costs of offering of the types listed below will be paid. Transfer Agent's Fees Printing and Engraving Costs	doce and distribution of the set formation may be given as set the box to the left of the est of by the entities in which the	Sold \$ \$ \$ curities in this offering. Exclude ubject to future contingencies. If the imate.
Type of offering Rule 505 Regulation A Rule 504 Total Total I. a. Furnish a statement of all expenses in connection with the issuar amounts relating solely to organization expenses of the issuer. The information and expenditure is not known, furnish an estimate and check Costs of offering of the types listed below will be paid Transfer Agent's Fees Printing and Engraving Costs Legal Fees	doce and distribution of the set formation may be given as set the box to the left of the est of by the entities in which the	Sold \$ \$ \$ curities in this offering. Exclude ubject to future contingencies. If the imate.
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Type of offering Rule 505 Regulation A Rule 504 Total I. a. Furnish a statement of all expenses in connection with the issuar amounts relating solely to organization expenses of the issuer. The information of an expenditure is not known, furnish an estimate and check Costs of offering of the types listed below will be paid Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) Total Description 1 and total expenses furnished in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 1.	ace and distribution of the se formation may be given as so the box to the left of the est of by the entities in which the [] [] [] [] [] [] [] [] [] [Sold \$ \$ \$ curities in this offering. Exclude ubject to future contingencies. If the imate.
Type of offering Rule 505 Regulation A Rule 504 Total Total A. a. Furnish a statement of all expenses in connection with the issuar amounts relating solely to organization expenses of the issuer. The information of an expenditure is not known, furnish an estimate and check Costs of offering of the types listed below will be paid Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) Total D. Enter the difference between the aggregate offering price given in requestion 1 and total expenses furnished in response to Part C - Quests the "adjusted gross proceeds to the issuer."	ace and distribution of the se formation may be given as so the box to the left of the est of by the entities in which the [] [] [] [] [] [] [] [] [] [Sold \$ \$ \$ curities in this offering. Exclude ubject to future contingencies. If the imate.
Type of offering Rule 505 Regulation A Rule 504 Total Total A. a. Furnish a statement of all expenses in connection with the issuar amounts relating solely to organization expenses of the issuer. The information of an expenditure is not known, furnish an estimate and check Costs of offering of the types listed below will be pair Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) Total D. Enter the difference between the aggregate offering price given in reguestion 1 and total expenses furnished in response to Part C - Quests the "adjusted gross proceeds to the issuer."	ace and distribution of the se formation may be given as so the box to the left of the est of by the entities in which the [] [] [] [] [] [] [] [] [] [Sold \$ \$ \$ \$ \$ \$ curities in this offering. Exclude ubject to future contingencies. If the imate. Issuer is investing. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Payments to Officers, Directors, Affiliates	& Payments T Others	0
Salaries and fees Purchase of real estate		[]\$	[]\$ []\$	
Purchase, rental or leasing and installatio				
and equipment	and facilities g the value of g that may be used in	[]\$	[]\$	
pursuant to a merger)		[]\$	[]\$	
Repayment of indebtedness	• • • • • • • • • • • • • • • • • • • •	[]\$	[]\$30,20	
Organization and offering expenses and wo Other (specify): <u>Capital contributions to to</u> will be acquiring real property or interes	wo limited partnerships which	[] \$	[X] \$30,209 [] \$	5
will be acquiring real property of interes	ests in real property	[]\$	[]\$	
Column Totals		[X] \$5,175,000	[X] \$30,20	5
Total Payments Listed (column totals add	ed)	[X]\$5,205,	205	
The issuer has duly caused this notice to the following signature constitutes an uncurrent request of its staff, the information 502.	lertaking by the issuer to furnist	uly authorized person. If n to the U.S. Securities a	nd Exchange Com	mission, upon
Issuer (Print or Type)	Signature			Date
AMC Delancey Investors I, L.P.	AMC Delancey Investors By: AMC Delancey Inves			March <u>1</u> . 2003
	Kerineth P. Balin Pres		_	
Name of Signer (Print or Type)	Title of Signer (Print or T	ype)		
Traine or organic (Crime or Typo)	3			

	Pag	ıe	7	of	9
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E. STATE SIGNATURE		 	
I. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions	Yes	No	
of such rule?	[]	[])	
See Appendix, Column 5, for state response.			

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
AMC Delancey Investors I, L.P.	AMC Delancey Investors I, L.P. By: AMC Delancey Investor, LLC By: Kenneth P. Balin. President	March <u>[</u>]. 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Kenneth P. Balin	President of General Partner of the Issuer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

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	accredite in State (sell to non- d investors Part B-Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
State	Yes	No	\$5,205,205 of Limited Partnership Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA				· .							
СО											
CY		 									
DE											
DC		-									
FL		1									
GA											
НІ											
ID											
IL				-							
IN											
IA											
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KY											
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MN			· · · · · · · · · · · · · · · · · · ·								
MS											
MO											

1		2	3			4	·	Τ	5	
	accredite in State (sell to non- d investors Part B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification		
State	Yes	No	\$5,205,205 of Limited Partnership Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MT										
NE		x	entire amount of offering	1	\$500,000	-0-	-0-		Х	
NV										
NH										
NJ										
NM										
NY		Х	entire amount of offering	1	\$450,000	-0-	-0-		Х	
NC										
ND						-				
ОН		Х	entire amount of offering	1	\$500,000	-0-	-0-		Х	
ОК										
OR										
PA		Х	entire amount of offering	5	\$3,750,000	-0-	-0-		Х	
RI	-									
sc										
SD										
TN										
TX										
UT										
VT							_			
VA										
WA										
wv							_			
WI										
WY										
PR										